



DIRECT DEPOSIT AUTHORIZATION
(PLEASE PRINT CLEARLY)

Date: _____

Name: _____

Address: _____

This is a:

☐

New Request

☐

Change Bank Accounts

☐

Request DCSE cancel my Direct Deposit

Social Security Number: _____

Case Number: _____

Bank Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Account Type: ☐ Checking ☐ Savings Routing Number: _____ Account Number: _____

Detach this page from the application and send this completed form, along with either: ☐ a voided check – (NO STARTER CHECKS), ☐ deposit slip, ☐ bank statement with your name and bank account number or ☐ an Account Verification form prepared by your bank with your name and bank account number preprinted on the form to the address below.

I authorize the Division of Child Support Enforcement to make deposits to this bank account until I change this authorization.

Signature: _____

Date: _____

Print Name: _____

Please allow the Division 15-30 days to process a Direct Deposit request. The Division will notify you when your request is set up. Direct Deposit will start 15 days after pre-notification. Funds will be available, in most instances, for use within 2 business days after the Division applies the payment to your case. If you have questions, please contact our Customer Service Center at 1-800-468-8894.

Send this completed form to:

Division of Child Support Enforcement/SDU

Attn: EFT Disbursement Unit
P.O. Box 586
Richmond, VA 23218-0856
Or Fax To: 804-726-7955

NOTICE: Federal law requires all people subject to child support orders to provide their social security numbers. We take your privacy very seriously. Social security numbers are kept in the case records and are only used to locate parents to establish paternity and establish, modify, and enforce support obligations.